

# OSCE Examiner Guide: (Master's in Physician Associate Studies)



BUCKINGHAMSHIRE  
NEW UNIVERSITY  
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## **Introduction**

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Objective Structured Clinical Examination (OSCE) is our approach to assessing our student's clinical competence in a standardised safe environment. Students are tested on competency in communication, history taking, physical examination, clinical reasoning, knowledge, clinical skills and integration of these skills. Often an OSCE will assess multiple of these domains concurrently.

### **Structure**

The OSCE exam is structured with multiple stations, where in each station students will be assessed on their competency in multiple domains. Students will have 2 minutes before a station to read the instructions and prepare themselves, an example may be "in this station please perform a cardiovascular exam and report your finding to the examiner".

After 2 minutes reading time, the station will begin and the student will have 8 minutes to perform the instructions. They will have warning when 2 minutes are remaining. The examiner may also be instructed to give a prompt or ask a question at this timing. After 8 minutes total have passed, the station is complete regardless of student progress and the student will move to the next station and start their 2 minute reading time.

In total the OSCE will be consist of 10 stations to ensure a good sample of communication, history taking, physical examination, clinical reasoning, knowledge, clinical skills are tested. There may also be inclusion of a rest stations.

Timings and instructions will be announced verbally by a timekeeper during the OSCE.

Each station will contain an examiner, a simulated patient if relevant and only the equipment the student needs for that station.

### **Expectations of examiners**

Examiners are required to be competent in the skill/competency they are assessing, ideally with clinical experience of the competency or experience of student assessment and meet OSCE examiner criteria (Appendix 1).

Examiners are required to attend a BNU PA OSCE examiner training day prior to examining students (Appendix 2).

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## **Prior to the OSCE**

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### **Briefing**

Prior to commencing the OSCE examiners will meet and be briefed by the chief/deputy examiner, including highlighting any concerns, alterations, and answering any questions. Simulated patients will be briefed prior to this to allow them maximal time to learn and prepare their patient roles.

You will then be given your examination pack, this contains mark sheets, a copy of the station instructions and the examiners instructions.

The examiners instructions will detail what is expected of the student, any results or information to give them and when, any questions to ask them and when.

### **Students with disability provisions**

Students may have reasonable adjustments during the OSCE. This may be in the form of time allowances or equipment. During the briefing the chief/deputy examiner will highlight any students with reasonable adjustments and explain what provisions have been put in place.

### **Simulated patient**

Simulated patients will have an instruction sheet which will contain their background and clinical details. It will also detail instructions on how to behave including mood and affect and how to respond to the student.

Please take time in your station to introduce yourself to the simulated patient, if it is examination, please discuss what to expect and answer any questions, including clarifying any medical terminology or instructions. If you are unsure, please direct them to the chief/deputy examiner who will be able to advise.

### **Equipment**

If a station is provided with equipment this will have been tested during set-up. If you do observe any concerns regarding equipment, please alert the chief/deputy examiner who will be able to advise.

physician's own practice boundaries. While there may be situations where the supervising doctor is not physically present, they remain accessible for consultation.

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## During the OSCE

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### Assessment: Mark scheme

Examiners will have a mark scheme for each student in the OSCE to be completed during the station. The mark scheme is designed so examiners may reward a mark where they see a student meet a requirement,

*for example, 1 mark for 'introduction, checking patient details and gaining consent'*

And if the examiner see performed, they can circle on mark.

The mark scheme may also allow examiners to decide how many marks to give for a competency,

*for example, '1 mark for summarising findings partially, 2 marks for summarising findings completely'*

The examiner is expected to use there judgement, if the student summarises, to decide if it was done partially or completely.

The mark scheme may direct an examiner to include the simulated patients perspective,

*for example, 'patient rapport: satisfactory = 1 mark, excellent = 2 mark', here the examiner can ask how the simulated patient felt the student interacted with them.*

### Assessment: Global score

The examiner will be asked for a global score (circled on mark scheme). This should be thought of independent of the students scoring on the mark scheme (if calculated). The global score should reflect the examiners opinion of whether this student is at the level expected:

- For year 1 students this would be considering is this student demonstrating the competency of an end of year 1 student.
- For year 2 students this would be considering is this student demonstrating the competency of a newly qualified Physician Associate.

Examiners have the choice of:

- Fail: This student is not meeting the standard
- Borderline: It is unclear/unsure if the student is meeting the standard
- Pass: This student is meeting the standard
- Excellent: This student significantly exceeded the standard

To aid with global scoring, prior to the assessment beginning the examiner is encouraged to consider what a fail, pass, excellent student may look like and discuss any uncertainty with academic staff.

It is important each student is considered individually and compared to previous students in the exam. Preparing expectations before the assessment further helps to prevent this comparison.

### **Assessment: Feedback**

There is room for free-text feedback on the mark scheme also. Please use this space to feedback any explanations/justifications for marks, any feedback on student and any feedback from the simulated patient's perspective. Please note that the student may have access to this feedback.

### **Assessment: Concerns**

If the examiner has any concerns regarding student professionalism that is not reflected on the mark scheme or is a serious immediate concern, please speak to chief/deputy examiner, either at the debriefing of the exam or during the exam if urgent.

If the student is performing a procedure or action during the exam unsafely either on themselves, a equipment or a simulated patient, please interrupt the student. If this is a minor concern, for example, incorrectly using equipment, the examiner may be able to rectify the error and continue assessing the student. If this is a major concern, for example, behaving inappropriately to a simulated patient, the examiner should immediately seek the support of the chief/deputy examiner.

If the student becomes distressed or upset during the station or you are aware of them outside the station during reading time, please seek immediate support from the chief/deputy examiner and offer the student support.

### **Equipment**

Each OSCE station will contain only the equipment required for that station. The students should be familiar with this equipment.

If equipment malfunctions during the exam you may intervene and help the student progress during the station,

*For example, an ECG machine is not turning on. The examiner can ask student to complete the steps and may ask 'show how you would turn the machine on'.*

Then once that station is completed during the 2 minute reading break please alert the chief/deputy examiner who will support you and replace equipment.

If a student is unable to use equipment correctly, after 2 attempts you may intervene and correct the student so they continue the station but can reflect this where possible in the mark scheme.

*For example, a student cannot turn on an otoscope, after 2 attempts they still cannot find the switch to turn it on. The examiner can intervene and switch the otoscope on.*

This allows the student to progress in the exam and demonstrate the other assessed competencies.

## Questions

The station may require the examiner to ask a question. The timing and content of these questions is indicated in the stations instructions and examiner instructions

*For example, 'please ask the student what the ECG shows after the student has completed ECG or at the 2 minutes remaining warning'.*

*For example, 'after history taking or at the 2 minute remaining (if not completed) please ask, Q1: What are 3 differentials for this patient, Q2: What would be your management plan'.*

## Interactions

During the station the student is expected to interact primarily with the simulated patient, unless directed to present or discuss with the examiner or answer the examiners questions. The interaction should be limited to only as instructed and necessary for assessment.

If the student has questions about a station (with the exception of equipment error/malfunction) they should be directed back to the station instructions.

## Timing

If the student has finished the station and has time remaining, they should remain in the station until instructed to move on. The student may still complete any competency in this time

*for example, remembering to ask medication allergies, they may then ask the patient this and still receive a mark for asking about allergies.*

Therefore, it is important that the student does not interact with the examiner or simulated patient in any remit other than as instructed.

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## **After the OSCE**

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### **Mark schemes**

Once the exam is complete, the chief/deputy examiner will announce that it is finished, students will remain under exam conditions and be taken out of the room. Please collect mark schemes and place them in the provided envelope and keep this secure until collected by academic staff.

### **Debrief**

The chief/deputy examiner will debrief with simulated patients and examiners to share your opinions and feedback with any general observations, issues, or concerns. This is important as this feedback helps us to improve upcoming exam experiences for examiners and students.

Academic staff will review mark schemes and scoring to calculate student grades and collate examiner feedback for students. It may be necessary that we contact you via email to discuss or clarify any marks or feedback.

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## **Appendix 1: BNU PA OSCE examiner eligibility criteria**

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Buckinghamshire New University requires potential MSc Physician Associate examiners to meet criteria below to be considered eligible to examine OSCEs on the MSc Physician Associate course.

- Currently registered with GMC, Physician Associate Managed Voluntary Register (PAMVR) or another relevant statutory regulator (for example, NMC or HCPC).
- In good standing with current regulatory body with no ongoing investigation or restrictions to practice.
- At least two years post-registration experience as a Physician Associate or two years demonstratable experience working with, training, supervising, or assessing Physician Associates (either in clinical or academic settings).
- Up to date with CPD requirements, mandatory training (including equality and diversity training), and annual appraisal.
- Active in clinical practice or Physician Associate education role.
- Completion of, or willingness to complete BNU OSCE examiner training day prior to examining.
- OSCE examiners need to declare a personal conflict of interest if they know any students in personal capacity.

Exceptions to criteria above may be considered on a case-by-case basis by the academic team.

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## Appendix 2: BNU PA OSCE examiner training day timetable

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- 09:00 – 09:30 Welcome and registration**
- Brief overview of the day's objectives
  - Background of the PA program at BNU
- 09:30 – 10:30 Introduction to OSCE assessment**
- Understand the OSCE format
  - BNU's exam structure
  - Overview of marking criteria and expectations
  - Equality and diversity in examination
- 10:30 – 10:45 Break**
- 10:45 – 12:00 Workshop 1: Practice station**
- Observing and practicing sample OSCE stations
  - Role-playing as examiners and candidates
  - Problem solving and adapting.
  - Feedback on experiences
- 12:00 – 13:00 Lunch**
- 13:00 – 14.15 Workshop 2: Marking and Feedback training**
- Marking example cases
  - Feedback on marking
  - Discussing common errors and good practice
- 14.15 – 1430 Break**
- 14.30 – 1500 Reflection**
- Reflect on marking
  - Considering student experience
  - Sharing feedback and discussing improvements
- 15:00 – 15:30 Conclusion**
- Summary and next steps
  - Q+As
  - Key dates
  - Closing remarks

*Times may be subject to change pending dates and availability.*

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